

# CLAIMS ONLY

SERIAL NO.

10007570

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	14					
TOTAL CLAIMS	16					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

Wen-Chiang Huang

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X							
2								
3		X						
4		X						
5		X						
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Total Indep	2							
Total Depend	14							
Total Claims	16							
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Total Indep								
Total Depend								
Total Claims								

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